

For Ecology Use

Fee Paid \$10.00

Date 4-9-97

State of Washington  
Application for a Water Right

Please follow the attached instructions to avoid unnecessary delays.

G 330039

## Section 1. APPLICANT - PERSON, ORGANIZATION, OR WATER SYSTEM

Name NATIONAL FOOD CORPORATION Home Tel: ( ) -  
Mailing Address P.O.Box 33745 Work Tel: (206 ) 546-6533  
City Seattle State WA Zip+4 98133 + 0745 FAX: (206 ) 542-0202

## Section 2. CONTACT - PERSON TO CALL ABOUT THE APPLICATION

☐ Same as above

Name Brian Bookey / National Food Corporation Home Tel: (206 ) 745 - 2190  
Mailing Address P.O.Box 33745 Work Tel: (206 ) 546 - 6533  
City Seattle State WA Zip+4 98133 + 0745 FAX: (206 ) 542 - 0202  
Relationship to applicant President

## Section 3. STATEMENT OF INTENT

The applicant requests a permit to use not more than (100 gpm) (☒ gallons per minute or  
☐ cubic feet per second) from a ☐ surface water source or ☒ ground water source (check only one) for the  
purpose(s) of poultry drinking water and egg processing. ATTACH A "LEGAL"  
DESCRIPTION OF THE PLACE OF USE. (See instructions.) NOTE: A tax parcel number or a plat number is  
not sufficient. (See continuation page)

Estimate a maximum annual quantity to be used in acre-feet per year: not for irrigation

CONTINUOUS STOCK WATERING FOR AN EGG PROCESSING FACILITY (INCLUDING  
☐ Check if the water use is proposed for a short-term project. Indicate the period of time that the water will be  
needed:

From \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

EGG WASHING & EVAPORATIVE COOLING OF LAYER HOUSES.

## Section 4. WATER SOURCE

| IF SURFACE WATER   | IF GROUNDWATER  |
|--|---|
| Name the water source and indicate if stream, spring, lake, etc. If unnamed, write "unnamed spring," "unnamed stream," etc.: | A permit is desired for <u>(2)</u> well(s).                                   |
| Number of diversions: _____  |   |
| Source flows into (name of body of water):   | Size & depth of well(s):<br><u>12 inch casing, approximately 250 ft depth</u> |

## LOCATION

Enter the north-south and east-west distances in feet from the point of diversion or withdrawal to the nearest section corner:

Approximately 500 ft N. and 600<sup>(+)</sup> ft W. of SE Corner of Section 12

| 1/4 of         | 1/4 of        | Section   | Township   | Range(E/W)    | County       | If location of source is platted, complete below: |       |             |
|----------------|---------------|-----------|------------|---------------|--------------|---|-------|-------------|
|                |               |           |            |               |              | Lot   | Block | Subdivision |
| <u>(S 1/2)</u> | <u>SE 1/4</u> | <u>12</u> | <u>16N</u> | <u>25 EWM</u> | <u>Grant</u> |   |       |             |

For Ecology Use Date Received: 4-9-97 Priority Date: 4/9/97  
SEPA: Exempt Not Exempt FERC License # \_\_\_\_\_ Dept. Of Health # \_\_\_\_\_  
Date Accepted As Complete 6-18-97 By JK Date Returned \_\_\_\_\_ By \_\_\_\_\_ WRIA: 41



**Section 5. GENERAL WATER SYSTEM INFORMATION**

- A. Name of system, if named: None
- B. Briefly describe your proposed water system. (See instructions.)  
Two wells serving chicken houses, feed mill and processing plant.  
Anticipate 100 gpm, 15hp pump each and 400,000 gallon on-site storage.
- C. Do you already have any water rights or claims associated with this property or system? ☐ YES ☒ NO  
PROVIDE DOCUMENTATION.

**Section 6. DOMESTIC / PUBLIC WATER SUPPLY SYSTEM INFORMATION**  
(Completed for all domestic/public supply uses.)

- A. Number of "connections" requested: \_\_\_\_\_ Type of connection \_\_\_\_\_ (Homes, Apartment, Recreational, etc.)
- B. Are you within the area of an approved water system? ☐ YES ☐ NO  
If yes, explain why you are unable to connect to the system. Note: Regional water systems are identified by your County Health Department.

**Complete C. and D. only if the proposed water system will have fifteen or more connections.**

- C. Do you have a current water system plan approved by the Washington State Department of Health? ☐ YES ☐ NO  
If yes, when was it approved? \_\_\_\_\_ Please attach the current approved version of your plan.
- D. Do you have an approved conservation plan? ☐ YES ☐ NO  
If yes, when was it approved? \_\_\_\_\_ Please attach the current approved version of your plan.

**Section 7. IRRIGATION/AGRICULTURAL/FARM INFORMATION**  
(Complete for all irrigation and agriculture uses.)

- A. Total number of acres to be irrigated: NO IRRIGATION
- B. List total number of acres for other specified agricultural uses:  
Use Egg Layer farm Acres 10 (approx.)  
Use \_\_\_\_\_ Acres \_\_\_\_\_  
Use \_\_\_\_\_ Acres \_\_\_\_\_
- C. Total number of acres to be covered by this application: Approx. 140 acres contiguous.  
Approx. 10 acres dedicated to egg layer farm.
- D. Family Farm Act (Initiative Measure Number 59, November 3, 1977)  
Add up the acreage in which you have a controlling interest, including only:  
‡ Acreage irrigated under water rights acquired after December 8, 1977;  
‡ Acreage proposed to be irrigated under this application;  
‡ Acreage proposed to be irrigated under other pending application(s).
1. Is the combined acreage greater than 2000 acres? ☐ YES ☒ NO
2. Do you have a controlling interest in a Family Farm Development Permit? ☐ YES ☒ NO  
If yes, enter permit no: \_\_\_\_\_
- E. Farm uses:  
Stockwater - Total # of animals 2,000,000 Animal type Laying Hens (If dairy cattle, see below)  
Dairy - # Milking \_\_\_\_\_ # Non-milking \_\_\_\_\_  
(Also, egg washing and evaporative cooling of layer houses.)



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**Section 8. WATER STORAGE**

Will you be using a dam, dike, or other structure to retain or store water? TANK

☒ YES ☐ NO

NOTE: If you will be storing 10 acre-feet or more of water and/or if the water depth will be 10 feet or more at the deepest point, and some portion of the storage will be above grade, you must also apply for a reservoir permit. You can get a reservoir permit application from the Department of Ecology.

**Section 9. DRIVING DIRECTIONS**

Provide detailed driving instructions to the project site.

One mile south of Royal City and Highway 26 on "F" Road.

**Section 10. REQUIRED MAP**

A. Attach a map of the project. (See instructions.)

(Map attached)

PLACE OF USE: THAT PORTION OF THE SE<sup>1</sup><sub>4</sub>  
OF SECTION 12, TOWNSHIP 16N, RANGE 25 E.W.M.,  
LYING SOUTH OF THE CRAB LATERAL  
EXTENSION DITCH.

**Section 11. PROPERTY OWNERSHIP**

(per ph. call w/ Mr. BOOKEY 4/2/97 &amp; K)

A. Does the applicant own the land on which the water will be used?

☐ YES ☒ NO

If no, explain the applicant's interest in the place of use and provide the name(s) and address(es) of the owner(s):

Applicant is purchaser under purchase agreement not yet closed. Owners are

Dean and Nancy Callahan, P.O.Box 205, Royal City, WA 99357

B. Does the applicant own the land on which the water source is located?

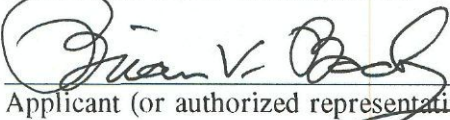
☐ YES ☒ NO

If no, submit a copy of agreement:

Applicant will own property by the time any right is granted.

I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I grant staff from the Department of Ecology access to the site for inspection and monitoring purposes. Even though I may have been assisted in the preparation of the above application by the employees of the Department of Ecology, all responsibility for the accuracy of the information rests with me.

NATIONAL FOOD CORPORATION

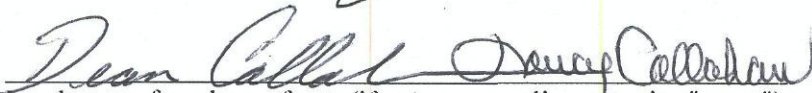


, President

Applicant (or authorized representative)

April 1, 1997

Date



Landowner for place of use (if same as applicant, write "same")

April 3, 1997

Date

I have examined this application  
as required by SEPA and find that  
it is: ☐ not so (checked)

4/22/97

☒ categorically exempt.

S. Kiefer

SIGNATURE

APPLICATION



Use this page to continue your answers to any questions on the application. Please indicate section number before answer.

SECTION 3, continued: Legal description of place of use:

SE 1/4, Section 12, Township 16 North, Range 25 EWM, less that portion north of Columbia Basin Project overflow ditch, situated in Grant County, Washington.

|   |  |
|---|--|
| We are returning your application for the following reason(s):  |  |
| _____ Examination fee was not enclosed  | APPLICANT PLEASE<br>RETURN TO CASHIER,<br>PO BOX 5128, LACEY, WA<br>98509-5128 |
| _____ Section number(s) _____ is/are<br>incomplete  | APPLICANT PLEASE<br>RETURN TO THE<br>APPROPRIATE REGIONAL<br>OFFICE            |
| Explanation:  |  |
| Please provide the additional information requested above and return your application by _____<br>(date). |  |

Ecology staff \_\_\_\_\_ Date \_\_\_\_\_

To receive this document in alternative format, contact Lisa Newman at (360) 407-6604 (Voice) or (360) 407-6006 (TDD).